



PCT demand

October 20, 2003

The Authorized Officer,  
Austrian Patent Office,  
Kohlmarkt 8-10  
A-1014 Vienna  
Tel No: +43/1/53424-450

Subject : Demand for International Preliminary Examination for  
International application No. PCT/IN 03/00156, international filing  
date: April 16, 2003

Dear Sir,

We are submitting herewith a demand for International Preliminary Examination for our PCT application entitled "SUBSTANTIALLY PURE ANTIHISTAMINIC COMPOUND", bearing International Application No. PCT/IN 03/00156 (International filing date April 16, 2003; Priority date April 15, 2002). The fee calculation sheet is also enclosed with the PCT demand.

As per our calculations a total of EUR 318 is required to be paid as preliminary examination fee and handling fee. Kindly send us an invoice for the same.

With kind regards.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Ratnesh Shrivastava'.

For Sun Pharmaceutical Industries Ltd.  
Dr. Ratnesh Shrivastava, Ph. D. (The Ohio State University)  
General Manager, Intellectual Property Cell.

Encl : PCT Demand with fee calculation sheet.

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority must be indicated by the applicant on the line below:  
IPEA/ AT

# PCT

## CHAPTER II

### DEMAND

under Article 31 of the Patent Cooperation Treaty:  
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
<b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>	
International application No. PCT/IN 03/00156	Applicant's or agent's file reference deslor_101
International filing date (day/month/year) 16 April 2003 (16.04.03)	(Earliest) Priority date (day/month/year) 15 April 2002 (15.04.02)
Title of invention SUBSTANTIALLY PURE ANTIHISTAMINIC COMPOUND	
<b>Box No. II APPLICANT(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) SUN PHARMACEUTICAL INDUSTRIES LIMITED ACME PLAZA, ANDHERI KURLA ROAD, ANDHERI (EAST), MUMBAI 400059 INDIA	
Telephone No. 91 22 28230102	
Facsimile No. 91 22 28212010	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: IN	State (that is, country) of residence: IN
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) THENNATI, Rajamannar SUN PHARMA ADVANCED RESEARCH CENTRE AKOTA ROAD, AKOTA BARODA-390020 INDIA	
State (that is, country) of nationality: IN	State (that is, country) of residence: IN
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) CHITTURI, Trinadha Rao SUN PHARMA ADVANCED RESEARCH CENTRE AKOTA ROAD, AKOTA BARODA-390020 INDIA	
State (that is, country) of nationality: IN	State (that is, country) of residence: IN
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.	

## Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

KANANGI, Shivramchandra  
SUN PHARMA ADVANCED RESEARCH CENTRE  
AKOTA ROAD, AKOTA  
BARODA-390020  
INDIA

State (that is, country) of nationality:  
IN

State (that is, country) of residence:  
IN

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

UNNAM, Raja, Sekhar  
SUN PHARMA ADVANCED RESEARCH CENTRE  
AKOTA ROAD, AKOTA  
BARODA-390020  
INDIA

State (that is, country) of nationality:  
IN

State (that is, country) of residence:  
IN

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

JADAV, Kanaksinh, Jesingbhai  
SUN PHARMA ADVANCED RESEARCH CENTRE  
AKOTA ROAD, AKOTA  
BARODA-390020  
INDIA

State (that is, country) of nationality:  
IN

State (that is, country) of residence:  
IN

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

☐ Further applicants are indicated on another continuation sheet.

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The following person is ☐ agent ☐ common representative  
 and ☐ has been appointed earlier and represents the applicant(s) also for international preliminary examination.  
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.  
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (Family name followed by given name; for a legal entity, full official designation.  
 The address must include postal code and name of country.)

SHRIVASTAVA, Ratnesh  
 SUN PHARMACEUTICAL INDUSTRIES LIMITED  
 ACME PLAZA, ANDHERI KURLA ROAD,  
 ANDHERI (EAST), MUMBAI 400059  
 INDIA

Telephone No.

91 22 28230101

Facsimile No.

91 22 28212010

Teleprinter No.

Agent's registration No. with the Office

☒ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:\***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed

the description ☒ as originally filed  
☐ as amended under Article 34

the claims ☒ as originally filed  
☐ as amended under Article 19 (together with any accompanying statement)  
☐ as amended under Article 34

the drawings ☐ as originally filed  
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). (This check-box may be marked only where the time limit under Article 19 has not yet expired.)

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: **ENGLISH**

- ☒ which is the language in which the international application was filed.  
☐ which is the language of a translation furnished for the purposes of international search.  
☐ which is the language of publication of the international application.  
☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

**Box No. V ELECTION OF STATES**

The applicant hereby elects all eligible States (that is, all States which have been designated and which are bound by Chapter II of the PCT)

excluding the following States which the applicant wishes not to elect:

**Box No. VI CHECK LIST**

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- |  |   |       |        |
|--|---|-------|--------|
| 1. translation of international application                              | : | _____ | sheets |
| 2. amendments under Article 34   | : | _____ | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | _____ | sheets |
| 4. copy (or, where required, translation) of statement under Article 19  | : | _____ | sheets |
| 5. letter  | : | 1     | sheets |
| 6. other (specify)   | : | _____ | sheets |

For International Preliminary Examining Authority use only

received	not received
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- |  |   |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet                             | 5. <input type="checkbox"/> statement explaining lack of signature                        |
| 2. <input type="checkbox"/> original separate power of attorney                          | 6. <input type="checkbox"/> sequence listings in computer readable form                   |
| 3. <input type="checkbox"/> original general power of attorney                           | 7. <input type="checkbox"/> tables in computer readable form related to sequence listings |
| 4. <input type="checkbox"/> copy of general power of attorney: reference number, if any: | 8. <input type="checkbox"/> other (specify):  |

**Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

VALIA, Sudhir  
WHOLETIME DIRECTOR  
SUN PHARMACEUTICAL INDUSTRIES LIMITED

*Sudhir V2*

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

☐ The applicant has been informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

## PCT

## FEE CALCULATION SHEET

## Annex to the Demand

International application No. <b>PCT/IN 03/00156</b>	For International Preliminary Examining Authority use only	
Applicant's or agent's file reference <b>deslor_101</b>	Date stamp of the IPEA	
Applicant <b>SUN PHARMACEUTICAL INDUSTRIES LIMITED</b>		
<b>CALCULATION OF PRESCRIBED FEES</b>		
1. Preliminary examination fee .....	EURO 159	<input type="checkbox"/> P
2. Handling fee ( <i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i> ) .....	EURO 159	<input type="checkbox"/> H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....	EURO 318	
		TOTAL
<b>MODE OF PAYMENT</b>		
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input checked="" type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):	
<b>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT</b> <i>(This mode of payment may not be available at all IPEAs)</i>		
<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ _____	
<input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: _____	
	Date: _____	
	Name: _____	
	Signature: _____	